

**SPECIAL EDUCATION DIVISION  
OFFICE OF ADMINISTRATIVE HEARINGS  
STATE OF CALIFORNIA**

**Consent to Electronic Service (E-Service or “SFT”)  
Agreement**

**Attention:**

To expedite the service of documents, the Office of Administrative Hearings, known as OAH, allows parties to receive documents electronically. By completing this form, you agree to receive your documents from the Special Education Division of OAH by Secure e-File, called SFT. You may access the OAH secure e-File system at

<https://www.applications.dgs.ca.gov/oah/oahsftweb>

to register for an account, if you have not done so already.

**Instructions**

1. Complete the form. This form will apply to Special Education Due Process Hearings and Mediations, and Non-Public Schools and Non-Public Agency Appeal Hearings.
2. Requestor information. Enter the firm/agency name, the requestor’s name, and telephone number to which this form will apply.
3. Method of Service. Select the method of service and complete the contact information as applicable. Remove previous names.
4. Terms and Conditions. Read the terms and conditions. Select a condition in which this form will apply. Complete the signature authorizing service of process.

5. Submit the completed form using the Office of Administrative Hearings Secure e-File Transfer System at:

<https://www.applications.dgs.ca.gov/oah/oahsftweb>.

One agreement must be submitted per person, per LEA, or per Governmental Agency or Law Firm, as applicable.

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**Consent to Electronic Service (E-Service or "SFT")**

**Agreement:**

**Requestor Information**

Full Name of Firm/Agency Requesting:

Full Name of Person Requesting:

Telephone Number:

OAH Case Number, if applicable:

**Method of Service**

**By submitting this Consent to Electronic Service,, you are agreeing that the Office of Administrative Hearings will serve your documents by Secure e-File Only.**

Requestor's Email Address:

Additional Email Addresses for Copies:

If updating an existing Consent to Electronic Service:

Please remove the following additional email address(es) related to the attorney named above.

Do not remove any names already in place.

**Terms and Conditions (Select ONE option):**

By signing this form, you acknowledge and agree to receive documents from OAH by Secure e-File only until you notify OAH that you no longer wish to use Secure e-File. In the event that your contact information should change it is your responsibility to notify OAH.

I agree to accept service of documents from OAH by Secure e-File only for ALL current and future cases with OAH.

I no longer wish to participate in electronic service. Please cancel my previous agreement

(This form continues on following page.)

**Requestor's Signature:**

By checking this box and typing my name below, I am electronically signing this agreement.

**For multiple requestors, you may attach an additional sheet containing a list of each requestor's contact information and additional email address(es) to be applied to each requestor.**

**For e-Filing go to:**

<https://www.applications.dgs.ca.gov/oah/oahsftweb>.

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## **Privacy Notice**

This notice is provided pursuant to the Information Practices Act of 1977 (Civil Code, Section 1798 et seq.).

The Individuals with Disabilities Education Act (42 U.S.C. Section 1415(b)(7)(A) and (c)(2)) requires the disclosure of personally identifiable information to the Office of Administrative Hearings.

All information and records submitted to OAH may be subject to disclosure in accordance with the California Public Records Act (Government Code, Section 7920.000 et seq.), and other applicable authority unless expressly prohibited by law.

Proceedings before OAH and records held by OAH are public unless otherwise provided by statute (Government Code, Section 11425.20). For example, the Family Educational Rights and Privacy Act (FERPA 20 United States Code Section 1232(g)) and Health Insurance Portability and Accountability Act (HIPAA 42 U.S.C. Section 1320-d) recognizes privacy rights to educational and health records in certain limited circumstances. It is the obligation of the parties to determine if case filings or proceedings require privacy protections. OAH cannot provide legal advice.

The Information Practices Act requires OAH to provide notice to individuals who submit personal information to OAH.

- 1) This notice does not apply to information provided by an agency or to routine contact information collected by OAH for the purpose of identification or communication regarding the case.
- 2) To the extent this form seeks information about a need for accommodation, OAH requests the information for the sole purpose of making a determination about the accommodation an individual is seeking. An individual seeking an accommodation is not required to use this form; it is provided as a convenience only. OAH can request this information in accordance with the Americans with Disabilities Act (42 United State Code Section 12101 et seq.).
- 3) Requests for Public Records or information maintained in accordance with the Information Practices Act shall be directed to the OAH Public Records Officer, 2349 Gateway Oaks Drive, Suite 200, Sacramento, CA 95833, (916) 263-0550, or [OAHpra@dgs.ca.gov](mailto:OAHpra@dgs.ca.gov).